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Region 6

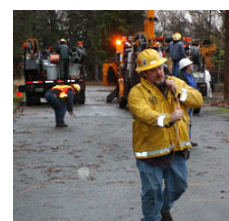
Healthcare Preparedness

FROM THE EDITORS CORNER:

Another year is upon us, and despite our steady progress; we have much work ahead of us as a healthcare system if we are to ensure a well-coordinated, effective system response to a major disaster.

We thank you-our partners- for your extraordinary contributions to this effort and we look forward to our continued partnership in preparedness. Your continued involvement and support has been and will continue to be essential for our success, both as a region and for each of our respective health care system organizations.

The most important thing that all of us can actively do is to be informed and prepared! In that spirit we have decided to begin the new year with a new look for our newsletter and also to include some important highlights from 2007. We would welcome any feedback or comments and as usual we thank you for your continued support!



CBN Report: Ten Most Notable Publications of 2007

BY STAFF REPORT | January 10, 2008 | Center for Biosecurity

We asked our colleagues at the Center to reflect on what they read in 2007 and suggest those publications that were most memorable, influential, or representative of new ideas or concepts in biosecurity. The resulting list, below, is of those publications that influenced our collective thinking about biosecurity by offering important insights, valuable new information, novel ways of looking at old problems, or simply confirmation that work is left to be done in the years ahead. We offer this list with the hope that it may encourage you to catch up on important readings you may have missed or that it sparks reflection and insight.

Our list at a glance:

1. Homeland Security
2. Biology's Big Bang
3. Ready or Not? (2007)
4. Regional Approaches to Hospital Preparedness
5. The U.S. Capitol Bioterrorism Anthrax Exposures
6. Community Engagement Leadership Tool
7. After an Attack
8. Our Own Worst Enemy
9. The Day After
10. Brave New War

To view the Full Article please visit:
<http://www.upmc-cbn.org/>

Harborview Receives Foster G. McGaw Prize for Excellence

Harborview Medical Center, Seattle is the recipient of the prestigious 2007 Foster G. McGaw Prize. This is one of the most esteemed honors of excellence in community service in health care.

The \$100,000 prize is presented to a healthcare organization that provides innovative programs that significantly improve the health and well being of the community. The Foster G. McGaw Prize is sponsored by the American Hospital Association, the Baxter International Foundation and the Cardinal Health Foundation.

"As a mission driven, public teaching hospital, the core values of Foster G. McGaw are aligned closely with our work. This award is a tremendous honor for Harborview because it reflects our role in embracing the community and reaching out to those most in need," said Johnese Spisso, interim executive director, Harborview Medical Center and vice president for medical affairs and clinical operations officer, University of Washington Medicine. "With the unwavering support of the Harborview Board of Trustees, King County and the University of Washington, Harborview's community initiatives benefit thousands of individuals each year by removing barriers to accessing high-quality care and improving health status."

Study: Health Care System Needs Help

BY STAFF REPORT | December 28, 2007 | *Disasternews.com*

Despite billions of dollars spent for preparedness, health care systems are poorly equipped to respond to a major disaster, according to national study

Despite the federal government appropriating nearly \$8 billion for disaster preparedness since 2002, the U.S. health care system is poorly equipped to respond to a major disaster with disaster planning remaining "sporadic" and "disconnected," according to a national study.

The report, based on interviews with top health industry leaders and 1,000 adults, said that while "significant progress" has been made since the terrorist attacks of Sept. 11, 2001, "gaps continue to exist."

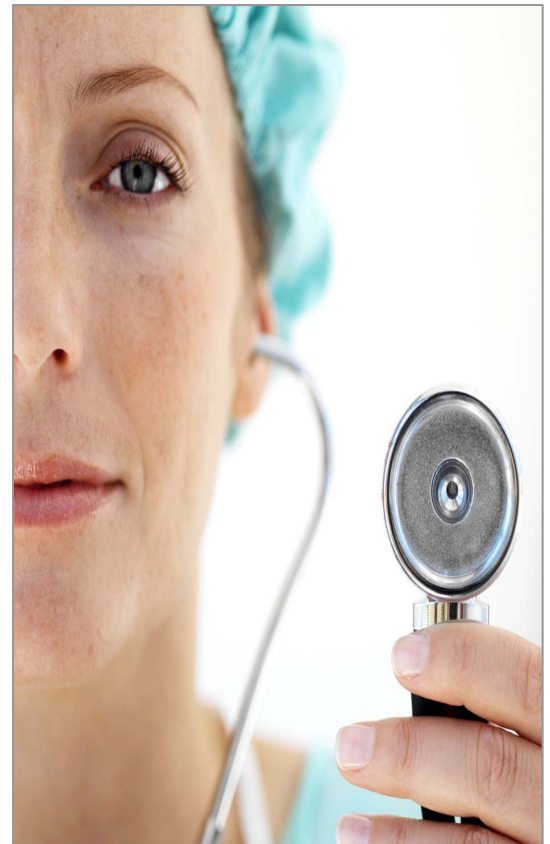
The TFAH report evaluated all 50 states on 10 key indicators. Thirty-five states scored eight or higher, with seven states – Illinois, Kentucky, Nebraska, New Jersey, Pennsylvania, Tennessee and Virginia – scoring a perfect 10. Six states – Arkansas, Iowa, Mississippi, Nevada, Wisconsin and Wyoming – scored the lowest with six out of 10.

"Hospitals need to decide how they will free up capacity, plan for delivering care in unconventional locations, recycle supplies to extend limited quantities and ration resources to care for those most likely to survive," it said.

"Moving the health system from a focus on individual outcomes to population-based outcomes - saving the most people rather than every person in a disaster - will continue to challenge leaders, practitioners, staff, administrators and the citizenry," it added.

"When a disaster hits, Americans rely on a fragmented health care system to miraculously mount a timely, cohesive, and effective recovery effort. Yet, the carefully orchestrated and sequenced medical responses. . .lean on a disjointed health system."

—PricewaterhouseCoopers



To View the full Article please visit:
<http://www.disasternews.net/news/article.php?articleid=3513>



DHS Provides Nearly \$34 Million to First Responders in Smaller Communities Nationwide

December 20, 2007 | FEMA.GOV

The U.S. Department of Homeland Security (DHS) today announced the award of \$33.7 million to fund equipment and training for first responders across the nation as a part of the fiscal year 2007 Commercial Equipment Direct Assistance Program (CEDAP). Since the program's inception in 2005, DHS has provided roughly 5,800 direct assistance awards worth more than \$103 million for all hazards in smaller jurisdictions nationwide.

Eligibility for CEDAP is limited to law enforcement and other emergency responder agencies with specific financial and capability needs in five categories: personal protective equipment; thermal imaging, night vision and video surveillance tools; chemical and biological detection tools; information technology and risk management tools; and interoperable communications equipment.

CEDAP equipment awards are integrated with state planning processes for regional response and asset distribution. Each state's administrative agency has the opportunity to review applications submitted by first responder organizations within their state to ensure that equipment requests are consistent with their state homeland security strategy.

To View the Full Article visit:

http://www.dhs.gov/xnews/releases/pr_1198172566278.shtm

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New vaccinations give scientists hope of conquering flu pandemic

The Times Online | January 4, 2008 | Nigel Hawkes, Health Editor

A vaccine that could help to control a flu pandemic has shown encouraging results in its first human trials in the UK. The vaccine, made by Acambis, based in Cambridge, should protect against all strains of influenza A, the type responsible for pandemics. Unlike existing vaccines it does not have to be reformulated each year to match the prevalent strains of flu, so it could be stockpiled and used as soon as a pandemic strain emerges. Nor does it need to be grown on fertilized chicken eggs, as the existing vaccines do, but can be produced by cell culture.

A significant problem with conventional vaccines is that they attack parts of the flu virus that can change rapidly. Each season the World Health Organization identifies the three strains that are circulating, normally two A-strains and one B, and the vaccine is made to order to provide protection against them. It is always a race against time, because millions of eggs have to be produced to grow the vaccine and if it is not used it is out of date by the following season.



"The beauty of the vaccine is its simplicity. It could be used in several different ways. First, we could produce a pre-pandemic vaccine that we know would be effective against A-strains. If a bird flu strain such as H5N1 turned into a pandemic strain we could get the vaccine out of storage and use it. Alternatively we could use it as soon as we got the slightest inkling of a pandemic strain emerging. Or it could be used instead of the normal vaccine for protecting against seasonal flu, with a vaccine against B-strains added. That would depend on how effective it was, which we will only know after further trials." **To View the Full Article:** http://www.timesonline.co.uk/tol/life_and_style/health/article3128119.ece

Entry Level Certification Program Is Available for Emergency Managers



Press Release | IAEM.com

The International Association of Emergency Managers (IAEM) Board of Directors recently approved a change in the Certified Emergency Manager (CEM Program) program, the internationally recognized program that certifies achievements within the emergency management profession. The **Associate Emergency Manager (AEM)** credential has been repositioned as an 'entry-level' credential, allowing beginning professionals to engage in the certification process and begin establishing a benchmark of their professional activity," announced Elizabeth B. Armstrong, MAM, CAE, and IAEM Executive Director.

The International Association of Emergency Managers (IAEM) is a nonprofit organization consisting of more than 3,600 emergency management professionals from local, state and federal governments, the military, private industry, and volunteer organizations. IAEM has consistently promoted the goals of saving lives and protecting property during emergencies and disasters since its founding in 1952 as the U.S. Civil Defense Council.

The Ready Campaign Partners with Citizen Corps to Encourage Businesses and Voluntary Organizations to Resolve To Be Ready in 2008



Press Release | December 2007 | **IAEM News**

The U.S. Department of Homeland Security's Ready Campaign is partnering with FEMA's Citizen Corps Program to encourage businesses and voluntary organizations to resolve to be ready in 2008. Download a toolkit to help your organization develop internal and external messages to encourage your members, employees, constituents, customers and community to make a New Year's resolution to prepare for emergencies.

You can also visit ready.gov or call 1-800-BE-READY to learn more about how to prepare for emergencies and receive free materials, including family emergency plan templates and sample business continuity plans.

For more information visit:

<http://www.iaem.com/publications/news/EMNews2007.htm#hspd8121707>



The CDC has set up a free registry to provide clinicians with real-time information to help prepare for (and possibly respond to) terrorism and other emergency events. Participants will receive regular e-mail updates on terrorism and other emergency issues and on training opportunities relevant to clinicians.

You can select to receive CDC Terrorism and Emergency Response Updates for Clinicians and/or CDC Terrorism and Emergency Response Training Opportunities for Clinicians. Please note, the training opportunities contained in these updates will be marketed and made available through the Washington Public Health Training Network (WAPHTN) & SmartPH.

To sign up for the registry and receive e-mail updates, go to the CDC registration Web page, <http://www.bt.cdc.gov/clinregistry/>

The Crisis in America's Emergency Rooms and What Can Be Done



John S. O'Shea, MD | December 28, 2007 | Heritage Foundation

America's emergency rooms are in crisis.

Emergency medicine encompasses the care of patients with traumatic injuries or serious signs and symptoms of disease. Quick evaluation and rapid treatment of these patients obviously cannot be done on an "elective" basis. These services are invariably provided under the auspices of a hospital and are available to patients 24 hours a day, seven days a week.

Moreover, hospital emergency departments (EDs) are the only part of the health care system that is required by federal law to provide care to all patients, regardless of ability to pay. A sizable number of patients who visit the ED do not require the level of care that an emergency room provides. In Maryland, for example, patients with non-urgent medical problems account for over 40 percent of ED visits.

Increasingly, public officials realize that the emergency care system also needs to prepare for and manage unexpected and catastrophic events, the scope and magnitude of which are inherently difficult to anticipate. Man-made disasters such as the terrorist attacks of 9/11, natural disasters such as Hurricane Katrina, and the threat of pandemic disease, bioterrorism, or even nuclear attack have properly focused policymakers' attention on the unready state of America's emergency medical system.

Policymakers tend to treat the need for health care reform and disaster preparedness as distinctly separate public policy challenges. However, many of the issues that are essential to the daily operation of the nation's emergency medical services are also essential to disaster preparedness. These issues include:

- *Capacity of care.* Catastrophic disasters can place tens of thousands of lives in jeopardy, and the nation should be prepared to provide medical care for far greater numbers of people than medical service providers reach under normal circumstances.
- *Transportability of care.* In some large-scale disasters, many individuals may be displaced either voluntarily or involuntarily. Individual health care for millions will have to be portable enough to deliver services to them in a wide variety of locations and circumstances.
- *Uncompensated care.* In the aftermath of a disaster, many victims will be unable to pay for medical services. Means must be provided to compensate service providers for disaster care.

To view this article in its entirety please visit: <http://www.heritage.org/Research/HealthCare/bg2092.cfm>



The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed this checklist to help **long-term care and other residential facilities** assess and improve their preparedness for responding to pandemic influenza. This checklist identifies key areas for pandemic influenza planning. Long-term care and other residential facilities can use this tool to self-assess the strengths and weaknesses of current planning efforts. Links to websites with helpful information are provided throughout this document. However, it will be necessary to actively obtain information from state and local resources to ensure that the facility's plan complements other community and regional planning efforts.

Additional information can be found at www.pandemicflu.gov.

More than \$15 million in Disaster Assistance & SBA Loans

FEMA News Release | Joint Field Office, Lacey, Wash.



More than \$15 million in assistance and loans has already been approved by the Federal Emergency Management Agency (FEMA) and U.S. Small Business Administration (SBA) loans for Washington residents affected by the severe storms, flooding, mudslides and landslides between December 1 to 17. Residents in the nine counties eligible for Individual Assistance under the Dec. 8th declaration and subsequent amendments who suffered damage from the storms are urged to call the toll-free telephone registration number 1-800-621-FEMA (3362) as soon as possible. The TTY number for residents with special speech or hearing needs is TTY 1-800-462-7585. Residents also can register online at www.fema.gov.

Disaster recovery efforts to date include:

- 8,257 individuals and households from the nine designated counties have applied for assistance.
- Nearly \$12 million (\$11,913,815) in Housing Assistance has been approved for rental assistance, temporary lodging and housing repairs.
- More than \$800,000 (\$866,997) in Other Needs Assistance (ONA) has been approved to cover personal property loss, medical costs and other serious disaster-related expenses not covered by insurance.
- 107 rental referrals have been made from the Housing Resource Helpline.
- 3,156 visits have been made to the Disaster Recovery Centers in the designated counties to meet with recovery experts.
- 5,151 home inspections have been completed.

SBA is the federal government's primary source of money for the long-term rebuilding of disaster damaged private property. SBA helps homeowners, renters, businesses of all sizes, and private nonprofit organizations fund repairs or rebuilding efforts, and cover the cost of replacing lost or disaster damaged personal property. These disaster loans cover uninsured and uncompensated losses and do not duplicate benefits of other agencies or organizations.

To Reference this article please visit:

[http://www.wadisasternews.com/posted/1105/More than 15 Million in Disaster Aid and SBA Loans.187927.pdf](http://www.wadisasternews.com/posted/1105/More%20than%2015%20Million%20in%20Disaster%20Aid%20and%20SBA%20Loans.187927.pdf)

National Response Framework Released

January 22, 2008 | WASHINGTON – Office of the Press Secretary

The Department of Homeland Security (DHS) today released the National Response Framework (NRF), successor to the National Response Plan. The NRF, which focuses on response and short-term recovery, articulates the doctrine, principles and architecture by which our nation prepares for and responds to all-hazard disasters across all levels of government and all sectors of communities. The NRF is responsive to repeated federal, state, local and private sector requests for a streamlined document that is less bureaucratic and more user-friendly. The NRF also focuses on preparedness and encourages a higher level of readiness across all jurisdictions.

To View Full Article please visit:

http://www.dhs.gov/xnews/releases/pr_1201030569827.shtm

State of Washington, Puget Sound Energy Partner for More Efficient & Effective Storm Response

Emergency News from the State of Washington | State Emergency Operations Center, Camp Murray | Washington Emergency Management Division, Washington Military Department

In the wake of the one-year anniversary of the “Hanukkah Eve Windstorm of 2006” and the devastating floods that hit Southwestern Washington last week, the state of Washington and Puget Sound Energy have signed a Memorandum of Understanding (MOU) regarding cooperation and coordination of emergency operations and preparedness.

“We are pleased to partner with Puget Sound Energy to direct resources in a manner that will allow a more effective and efficient response to emergencies and natural disasters,” Gov. Chris Gregoire said. “This MOU is an important step in implementing the recommendations of the state’s After Action Report for the December 2006 Windstorm.”

The MOU provides for HOV lane exemptions for PSE crews, expedited state border crossings for foreign utility crews hired by PSE, and access by PSE personnel to state resources such as helicopters for damage assessment in the event of an emergency that affects electrical and natural gas infrastructure.

“This agreement will help to restore power more quickly in the event of a major storm or disaster,” said Stephen P. Reynolds, chairman, president and chief executive officer at PSE. “While we cannot control storms and other natural disasters, we can control how we respond to these events.”

Article Reference:

http://washingtonresponder.com/posted/1289/071218_State_PSE_MOU_newsrelease_final.186743.pdf

After Action Reports:

To View King County Public Health, City of Seattle or the State of Washington

After Action reports for the Winter Storm of 2006 please contact:

Lydia Ortega at

Lydia.ortega@kingcounty.gov

Medical Research Funding Boost Brings Hope for Many

8th Congressional District Press Release

Congressman Dave Reichert (WA-08) lauded increased funding for medical research and other critical health and education priorities as the House passed the Conference Report to the Fiscal Year 2008 Labor, Health and Human Services, and Education (Labor-HHS) appropriations bill.

Reichert was joined by Congressman Ed Markey (D-MA) in leading a bipartisan effort to bolster funding for the National Institutes of Health (NIH), which provide the backbone of the nation’s medical research. A substantial portion of projected health care spending comes from expenses associated with managing diabetes, cancer, Alzheimer’s, and many other chronic or life-threatening diseases.



Reichert continued, “Health and education funding are critical components of the foundation we create for our children. I can’t say enough about the benefits each of these projects will bring. I’m excited for the opportunities created not only for the Eighth District, but also for all those who will benefit from the services these groups provide for our community.”

The following projects included in the legislation:

- \$1.5 Million for Seattle Cancer Care Alliance – Proton Beam Therapy Center (Seattle, WA)
- \$150,000 for Pediatric Interim Care Center -Drug-Exposed Infants: Outreach and Education Program (Kent, WA)
- \$186,000 for Pierce College District – Homeland Security Skill Panel Workshops Program (Tacoma, WA)
- \$290,000 for Northwest Kidney Center – Puget Sound Medical Surge Capacity Initiative (Sea-Tac, WA)
- \$300,000 University of Washington – University of Washington Bothell Nursing Faculty Consortium

To view the full article please visit: http://www.house.gov/list/press/wa08_reichert/MedicalResearch.shtml

Public Health Emergency Preparedness and Response Program (PHEPR) Restructures

From The Washington State Department of Health

To help meet the challenges of anticipated reductions in federal funding and continue integrating its public health and health care preparedness activities, the Washington State Department of Health recently restructured its PHEPR program.

The new PHEPR structure will consist of three units; each focusing on a functional aspect of the preparedness program. Each unit will be managed by a director who reports to Special Assistant John Erickson. The new directors will be:

Deputy Special Assistant – Chris Williams

Chris will manage operations and activities related to program coordination including budget/finance, strategic planning and personnel. He will also manage pandemic flu issues.

Emergency Preparedness Director – Ken Back

Ken's area will include planning, exercises and training, and emergency response issues including those involving the Emergency Operations Center and Strategic National Stockpile.

Emergency Programs Director – Gail Zimmerman

Gail's area will include programs and partnerships involving volunteer systems, hospitals, healthcare coalitions, vulnerable populations, tribal and community migrant health centers and integrating health care and public health preparedness.

If you have questions, please contact John Erickson at jlerickson@doh.wa.gov

Tamiflu Shelf Life Extension

From The Washington State Department of Health

The Food and Drug Administration (FDA) has extended the amount of time it will allow Tamiflu to be stored from 5 to 7 years. This applies to the shelf-life of Tamiflu already purchased under contract and in the possession of the states and localities as well as all newly purchased Tamiflu. One caveat, however, is that all of the product must be relabeled to accurately reflect the new expiration date.

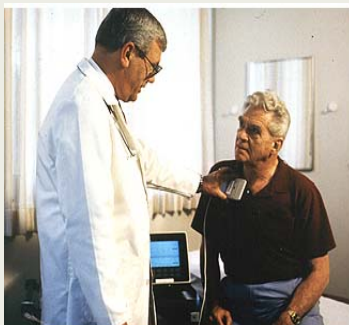
The current contract with Roche has been renegotiated to hold the current cost of \$19.24 per treatment course through June 2008, to set the pricing of the pediatric doses and to ensure that all products shipped to states is no older than four months based on label shelf-life dating. Additional pricing information will be available soon. If you have questions, contact Ken Back at ken.back@doh.wa.gov or (360) 236-4534.

Tamiflu Fact...

Tamiflu, a prescription drug, is an oral antiviral treatment (not a vaccine) for Influenza, and belongs to a class of medicines called neuraminidase inhibitors (NAI). These medicines prevent the influenza virus from spreading inside the body and are designed to be active against all clinically relevant influenza virus strains. Tamiflu can be used both for prevention and treatment of influenza.

www.roche.com

Washington State Retired Volunteer Medical Worker License



Rules for implementing the new Washington State Retired Volunteer Medical Worker License were filed and became effective on 12/01/07.

Now, by accessing the link to the Washington State Department of Health's web site, retired health care providers may obtain a retired active credential if such a credential is authorized by the appropriate disciplining authority. Retired active status allows the license holder to practice for no more than 90 days per year or in emergency situations. License holders must maintain any continuing education obligations that may be required of the profession, and they receive a reduced licensing fee.

<https://fortress.wa.gov/doh/hpqa1/hps5/RetiredMedicalWorker/default.htm>

King County Healthcare Coalition

The Healthcare Coalition is a network of healthcare organizations and providers that are committed to coordinating their emergency preparedness and response activities. The purpose of the Coalition is to develop and maintain a comprehensive system that assures coordination, effective communications, and optimal use of available health resources in response to emergencies and disasters.

WORKGROUP	STAFF
Coalition Development	Cynthia Dold, (206) 263-8715, Cynthia.dold@kingcounty.gov
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Legal Workgroup	Amy Eiden, (206) 296-9015, amy.eiden@kingcounty.gov
Long Term Care	Carlos Dominguez, (206) 263-8710, Carlos.Dominguez@kingcounty.gov
Medical Directors Committee	Jeff Duchin, MD, (206) 263-8171, jeff.duchin@kingcounty.gov
Mental Health Planning	Michelle McDaniel, (206) 263-8712, Michelle.McDaniel@kingcounty.gov
Palliative Care Workgroup	Darrell Owens, (206) 341-4636, owensd@u.washington.edu
Call Center Coordination	Joe Cropley, 206-517-2383, cropley@wapc.org
Regional Medical Resource Center	Allison Schletzbaum, 206-744-6213, aschletz@u.washington.edu
Volunteer Management System	Bryan Heartsfield (206) 263-8716, Bryan.Heartsfield@kingcounty.gov
Coalition Special Projects Manager	Onora Lien (206) 263-8717, Onora.Lien@kingcounty.gov

2007 ANNUAL REPORT

The Healthcare Coalition released its first Annual Report which showcases the Coalition's mission, major accomplishments, future goals, current membership as well as a summary financial statement for 2007.

To receive a copy of the Annual Report in either electronic or hard copy, please contact Lydia Ortega via email at Lydia.ortega@kingcounty.gov.

To view the Healthcare Coalition Meeting Calendar please go to:

[http://www.metrokc.gov/HEALTH/hccoalition/2008-calendar.pdf - calendar.pdf](http://www.metrokc.gov/HEALTH/hccoalition/2008-calendar.pdf-calendar.pdf)





MEETING SCHEDULE

- Zone 5 – Seattle EOC

February 21, 2008

2:30 – 4:00 pm

- Palliative Care

Workgroup

February 21, 2008

10:00 – 11:30 am

- Region 6 Emergency

Preparedness Meeting

February 28, 2008

7:30 -10:00 am

- Legal Workgroup

March 5, 2008

2:00 – 4:00pm

Workgroup & Committee Updates

Outlined below are current updates for some of the King County Healthcare Coalition committees and workgroups. Please consult the Healthcare Coalition website for additional information.

Long Term Care

- Work is underway to collaborate with local Aging and Disability Services (ADS) and 16 local Home Care Providers to develop written emergency response plans to meet the needs of vulnerable clients during emergencies. The Coalition will also be collaborating with ADS and home care agencies to develop plans for the testing of their emergency plans by designing & implementing a table top exercise, to take place by June, 2008.
- A second effort is now underway to encourage LTC providers to apply for the Coalition Non-Hospital Emergency Preparedness grants. A key message is that providers will benefit from a two-day business resiliency workshop that the Coalition will be providing beginning in late March of 2008.

Mass Fatality Planning:

- On January 10th Public Health Seattle & King County held a Pandemic Flu Mass Fatality Management Tabletop Exercise. This was the first exercise ever held in the county focused specifically on mass fatality management. The exercise had wide representation from public health, healthcare, public information, public safety, law enforcement, emergency management, the Medical Examiner's Office, and mortuary service providers.
- Work is underway to develop guidelines for healthcare facilities to plan for mass fatality management.

Mental Health

- In an agreement between the King County Healthcare Coalition and the American Red Cross serving King and Kitsap Counties, mental health providers across King County are receiving an abbreviated version of the Red Cross Psychological First Aid and Disaster Mental Health courses. Normally available only to Red Cross volunteers, this 4-hour workshop enhances the disaster response skills of behavioral health professionals so we can better meet the emotional needs of our community members in times of disaster. Thank you to our Red Cross partners for offering this valuable training!

Palliative Care Workgroup

- Providence Hospice of Seattle hosted the December 13th meeting of the workgroup. Areas of planning include:
 - Regional coordination of services in a large-scale disaster
 - Pandemic preparedness issues, including surge capacity, home hospice educational materials for patients and families and pharmaceutical support for patients
 - Just-in-time training for emergency caregivers

Pediatric Workgroup

- The Workgroup met on Tuesday, January 22nd at Children's Hospital. Agenda included presentations by Joe Cropley, Puget Sound Call Center Project and Allison Schletzbaum, Regional Medical Resource Center.
- Task Force meetings will begin in the New Year. If you would like to be involved, please contact Dr. Kathryn Koelemay

Regional Medical Resource Center

- KCHHealthTrac Hospital Train-the-Trainer occurred in mid-January and the software system is now live for hospitals in King County. Additional Train-the-Trainer sessions will be made available for other healthcare sectors throughout 2008.
- The vendor interdependencies survey for critical infrastructure is now complete. Survey results will be provided to King County hospitals in January.



Training Opportunities

Note: The following list of available training opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each training.

Disasters Happen – A Seminar with Al Lenzini

February 5, 2008

Location: Oasis of Hope

Cost: No Cost

Target Audience: Response Agencies, Government, Non-profits and private sector in King, Pierce, and Snohomish Counties, neighboring counties, Washington State EMD, and organizations interested in increasing their preparedness to disasters

Puget Sound Earthquake Hazards and Risks Seminar

February 15, 2008

Location: Criminal Justice Training Center

Cost: No Cost

Target Audience: Sound Shake '08 Participants

Healthcare411: Ongoing Audio Newscast Series

Ongoing in 2008

Location: Web Conferencing www.healthcare411.ahrq.gov

Cost: No Cost

The Agency for Healthcare Research and Quality (AHRQ), part of the U.S. Department of Health and Human Services has a new audio newscast series to help keep you informed of the Agency's latest health care research findings, news, and information.

Upcoming Conferences

Note: The following list of available conference opportunities are provided for your interest. Making each opportunity known as available is not necessarily an endorsement as to the value of each conference.

2008 West Region EMS Conference

February 22-24, 2008

Location: Ocean Shores, WA

For more information please visit:

<https://www.regonline.com/builder/site/Default.aspx?eventid=162580>



Emergency Preparedness for Industry and Commerce Council (EPICC) Forum 2008

February 25-27, 2008.

Location: Richmond, British Columbia

The theme of EPICC Forum 2008 is "Continuity of Business is Everybody's Business."

www.epiccforum.org

National Emergency Management Association Mid Year Conference

Location: Washington DC

March 9-13th

For more information please visit: <http://www.nemaweb.org/?2043>

2nd International Joint Emergency Preparedness and Response & Robotics and Remote Systems Topical Meetin

Location: Albuquerque, New Mexico

March 9-12, 2007

For more information, see <http://cimar.mae.ufl.edu/rrsd>.



2008 Virginia Emergency Management Conference

March 11-14, 2008

Location: Hampton, VA

The Virginia Emergency Management Conference is designed for anyone whose professional interests involve prevention, preparation, response, and recovery from emergencies and disasters, both natural and man-made.

For more information, see: <http://www.vdem.state.va.us/newsroom/events/2008VEMCRegBrochure.pdf>

2008 NDMS Training Summit

March 15-19, 2008

Location: Nashville, Tennessee

An annual education and training event that supports the development of NDMS, State and local systems, and serves as a clearinghouse for emergency, health, and medical service expertise.

For more information please visit:

<http://www.ndms.chepinc.org/faqs.shtml>

Partners in Preparedness

April 1-2, 2008

Location: Tacoma Convention Center

For more information, visit: <http://capps.wsu.edu/conferences/emergencyprep/>

National Earthquake Conference

April 23 – 26, 2008

Location: Westin Hotel, Seattle

For More Information, visit:

<http://capps.wsu.edu/conferences/earthquake/>



2008 CEO and Trustee Patient Safety Summit

May 6 - 7, 2008

Location: SeaTac, WA

Invited are Hospital board members (including physician and community members), CEOs, and WSHA Patient Safety Committee members from Washington hospitals. This will be a Safe Table where your questions and issues can be openly discussed to help your hospitals accelerate their quality journey.

11th Annual Emergency Management Higher Education Conference

June 2-5, 2008

Location: Emmitsburg, Maryland

For more information please visit:

<http://training.fema.gov/emiweb/edu/educonference08.asp>

Upcoming Exercises

Sound Shake 2008

Date: *March 5, 2008*

The Seattle UASI area (comprised of King, Pierce, Snohomish Counties, City of Seattle and City of Bellevue) obtained a grant to develop and execute a Seattle Fault Catastrophic Earthquake exercise. It will be a tri-county, functional exercise. For more information about the exercise, please visit:

<http://www.metrokc.gov/prepare/SoundShake08.aspx>

About this Newsletter...



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Thank you!